

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Foundation for a Greater America, Inc.

ADDRESS (number and street)

P.O. Box 3587

Check if different  
than previously  
reported. (ACC)

Tustin

CA

92781

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00555862

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hodgins, Mr. James P., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hodgins, Mr. James P., , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Foundation for a Greater America, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		254.58
(b) Cash on Hand at Beginning of Reporting Period.....	2916.86	
(c) Total Receipts (from Line 19) .....	110225.33	488981.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	113142.19	489236.55
7. Total Disbursements (from Line 31).....	109328.55	485422.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3813.64	3813.64
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	220051.56	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	438666.62	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Foundation for a Greater America, Inc.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50650.00	64445.00
(ii) Unitemized .....	26870.33	45916.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	77520.33	110361.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	77520.33	110361.97
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	32705.00	355010.00
14. Loan Repayments Received.....	0.00	23461.78
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	148.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	110225.33	488981.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	110225.33	488981.97

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	45649.55	123552.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45649.55	123552.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	3200.00	217991.79
27. Loans Made.....	0.00	78600.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	60479.00	65279.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	109328.55	485422.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109328.55	485422.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	77520.33	110361.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77520.33	110361.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	45649.55	123552.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	45649.55	123552.12

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Aigen, Gary P., , ,**

Mailing Address 58 Midwood Street

City  
Brooklyn

State  
NY

Zip Code  
11225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gary P. Aigen

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1842

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Aigen, Gary P., , ,**

Mailing Address 58 Midwood Street

City  
Brooklyn

State  
NY

Zip Code  
11225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gary P. Aigen

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : INCA2074

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Allen, Janet H., , ,**

Mailing Address 620 Sugarberry Road

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

Transaction ID : INCA1871

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Allen, Janet H., , ,**

Mailing Address 620 Sugarberry Road

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2015

Transaction ID : INCA2088

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ballard, Marion S., , ,**

Mailing Address 4413 Chalfont Place

City  
Bethesda

State  
MD

Zip Code  
20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2015

Transaction ID : INCA2024

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barer, Alta J., , ,**

Mailing Address 3048 East Laurelhurst Drive NE

City  
Seattle

State  
WA

Zip Code  
98105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2015

Transaction ID : INCA2497

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City  
Springfield

State  
VA

Zip Code  
22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 11 / 2015

Transaction ID : INCA1620

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City  
Springfield

State  
VA

Zip Code  
22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2015

Transaction ID : INCA2163

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City  
Springfield

State  
VA

Zip Code  
22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : INCA2135

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bass, Ellen J., , ,

Mailing Address 36 Spring Mill Lane

City  
Cherry HillState  
NJZip Code  
08003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Drexel UniversityOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2015

Transaction ID : INCA2386

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City  
BelmontState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TuftsOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 06 / 2015

Transaction ID : INCA1580

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City  
BelmontState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TuftsOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 06 / 2015

Transaction ID : INCA1714

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

560.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City  
BelmontState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TuftsOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2015

Transaction ID : INCA1830

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City  
BelmontState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TuftsOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : INCA1885

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City  
BelmontState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TuftsOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : INCA1979

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bayne, Shelia P., , ,**

Mailing Address 10 Whitecomb Street

City  
Belmont

State  
MA

Zip Code  
02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tufts

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2015

Transaction ID : INCA2652

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beagle, Kahleen M., , ,**

Mailing Address 23 Kirkwood Circle

City  
Brigantine

State  
NJ

Zip Code  
08203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2015

Transaction ID : INCA1836

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beagle, Kahleen M., , ,**

Mailing Address 23 Kirkwood Circle

City  
Brigantine

State  
NJ

Zip Code  
08203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2015

Transaction ID : INCA2184

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

830.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City  
TallahasseeState  
FLZip Code  
32308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2015

Transaction ID : INCA1744

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City  
TallahasseeState  
FLZip Code  
32308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2015

Transaction ID : INCA1874

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City  
TallahasseeState  
FLZip Code  
32308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : INCA114

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City  
TallahasseeState  
FLZip Code  
32308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : INCA2741

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Becker, Lani M., , ,

Mailing Address 5570 Camino Real Lane

City  
Vero BeachState  
FLZip Code  
32967FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kenbeck CompanyOccupation (for Individual)  
Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

Transaction ID : INCA2025

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beckles, Gloria, , ,

Mailing Address 3087 Winfield Circle

City  
TuckerState  
GAZip Code  
30084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Precision Production OccupationsOccupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2015

Transaction ID : INCA2486

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

725.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beckles, Gloria, , ,**

Mailing Address 3087 Winfield Circle

City  
Tucker

State  
GA

Zip Code  
30084

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Precision Production Occupations

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : INCA1929

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beckles, Gloria, , ,**

Mailing Address 3087 Winfield Circle

City  
Tucker

State  
GA

Zip Code  
30084

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Precision Production Occupations

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : INCA2106

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benton, A. E., , ,**

Mailing Address 901 Race Street

City  
Denver

State  
CO

Zip Code  
80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.E. Benton

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2015

Transaction ID : INCA1847

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benton, A. E., , ,**

Mailing Address 901 Race Street

City

Denver

State

CO

Zip Code

80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : INCA1959

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benton, A. E., , ,**

Mailing Address 901 Race Street

City

Denver

State

CO

Zip Code

80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : INCA2060

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benton, A. E., , ,**

Mailing Address 901 Race Street

City

Denver

State

CO

Zip Code

80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2015

Transaction ID : INCA2791

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benton, A. E., , ,

Mailing Address 901 Race Street

City  
DenverState  
COZip Code  
80206FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2827

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bloom, Barbara D., , ,

Mailing Address 3 Woodmeadow Lane

City

Princeton Junction

State

NJ

Zip Code

08550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

College of Staten Island

Occupation (for Individual)

Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2015

Transaction ID : INCA1900

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bloom, Barbara D., , ,

Mailing Address 3 Woodmeadow Lane

City

Princeton Junction

State

NJ

Zip Code

08550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

College of Staten Island

Occupation (for Individual)

Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2015

Transaction ID : INCA110

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bloom, Barbara D., , ,**

Mailing Address 3 Woodmeadow Lane

City  
Princeton Junction

State  
NJ

Zip Code  
08550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
College of Staten Island

Occupation (for Individual)  
Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2015

Transaction ID : INCA119

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brennan, Margaret L., , ,**

Mailing Address 135 Grace Trail

City  
Ash Flat

State  
AR

Zip Code  
72513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2015

Transaction ID : INCA1773

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brennan, Margaret L., , ,**

Mailing Address 135 Grace Trail

City  
Ash Flat

State  
AR

Zip Code  
72513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : INCA1939

Amount of Each Receipt this Period

350.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brennan, Margaret L., , ,**

Mailing Address 135 Grace Trail

City  
Ash Flat

State  
AR

Zip Code  
72513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2015

Transaction ID : INCA2119

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Adrienna, , ,**

Mailing Address 4350 Portchester Way

City  
Snellville

State  
GA

Zip Code  
30039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2015

Transaction ID : INCA2021

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Adrienna, , ,**

Mailing Address 4350 Portchester Way

City  
Snellville

State  
GA

Zip Code  
30039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : INCA2534

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Browning, Priscilla E., , ,

Mailing Address 1 Pleasant Grove Lane

City  
IthacaState  
NYZip Code  
14850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitrustOccupation (for Individual)  
Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2015

Transaction ID : INCA2512

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carpenter, Lois, , ,

Mailing Address 12758 County Road 501

City  
BayfieldState  
COZip Code  
81122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2015

Transaction ID : INCA1745

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carpenter, Lois, , ,

Mailing Address 12758 County Road 501

City  
BayfieldState  
COZip Code  
81122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2015

Transaction ID : INCA1909

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Susan, , ,**

Mailing Address 1109 C Street

City

Juneau

State

AK

Zip Code

99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : INCA1889**

Amount of Each Receipt this Period

108.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Susan, , ,**

Mailing Address 1109 C Street

City

Juneau

State

AK

Zip Code

99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : INCA1998**

Amount of Each Receipt this Period

54.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clark, Susan, , ,**

Mailing Address 1109 C Street

City

Juneau

State

AK

Zip Code

99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

**Transaction ID : INCA2211**

Amount of Each Receipt this Period

36.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

198.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Susan, , ,**

Mailing Address 1109 C Street

City  
Juneau

State  
AK

Zip Code  
99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2834

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conaway, Lois S., , ,**

Mailing Address 244 Conewango Ave

City  
Warren

State  
PA

Zip Code  
16365

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : INCA1831

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Conger, Cynthia L., , ,**

Mailing Address 2300 Andover Court, #560

City  
Little Rock

State  
AR

Zip Code  
72227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cynthia L. Conger

Occupation (for Individual)  
Wealth Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2015

Transaction ID : INCA1906

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

286.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conger, Cynthia L., , ,

Mailing Address 2300 Andover Court, #560

City  
Little RockState  
ARZip Code  
72227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cynthia L. CongerOccupation (for Individual)  
Wealth Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 27 / 2015

Transaction ID : INCA2057

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Connally, G.G., , ,

Mailing Address 12 University Avenue

City  
BuffaloState  
NYZip Code  
14214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
G.G. ConnallyOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2015

Transaction ID : INCA1828

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Connally, G.G., , ,

Mailing Address 12 University Avenue

City  
BuffaloState  
NYZip Code  
14214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
G.G. ConnallyOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2015

Transaction ID : INCA2209

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Connorton, C. Ulrich, , ,**

Mailing Address 788 Orange Center Court

City  
Orange

State  
CT

Zip Code  
06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

C. Ulrich Connorton

Occupation (for Individual)

Chef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 13 / 2015

Transaction ID : INCA1883

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Connorton, C. Ulrich, , ,**

Mailing Address 788 Orange Center Court

City  
Orange

State  
CT

Zip Code  
06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

C. Ulrich Connorton

Occupation (for Individual)

Chef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 11 / 2015

Transaction ID : INCA2005

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Connorton, C. Ulrich, , ,**

Mailing Address 788 Orange Center Court

City  
Orange

State  
CT

Zip Code  
06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

C. Ulrich Connorton

Occupation (for Individual)

Chef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 24 / 2015

Transaction ID : INCA2207

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coster, Doris B., , ,**

Mailing Address 123 River Road

City  
East Haddam

State  
CT

Zip Code  
06423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2015

Transaction ID : INCA1840

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coster, Doris B., , ,**

Mailing Address 123 River Road

City  
East Haddam

State  
CT

Zip Code  
06423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2015

Transaction ID : INCA1881

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coster, Doris B., , ,**

Mailing Address 123 River Road

City  
East Haddam

State  
CT

Zip Code  
06423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2015

Transaction ID : INCA1977

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 190

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coster, Doris B., , ,**

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : INCA2059

Amount of Each Receipt this Period

100.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coster, Doris B., , ,**

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2015

Transaction ID : INCA2322

Amount of Each Receipt this Period

75.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coster, Doris B., , ,**

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : INCA2168

Amount of Each Receipt this Period

50.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City  
PalmerState  
AKZip Code  
99645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2015

Transaction ID : INCA1564

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City  
PalmerState  
AKZip Code  
99645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : INCA1639

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City  
PalmerState  
AKZip Code  
99645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : INCA2357

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
PalmerState  
AKZip Code  
99645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : INCA1661

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
PalmerState  
AKZip Code  
99645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : INCA2417

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
PalmerState  
AKZip Code  
99645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2015

Transaction ID : INCA1718

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
Palmer

State  
AK

Zip Code  
99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 14 / 2015

Transaction ID : INCA1736

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
Palmer

State  
AK

Zip Code  
99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 21 / 2015

Transaction ID : INCA1786

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
Palmer

State  
AK

Zip Code  
99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 28 / 2015

Transaction ID : INCA1812

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
Palmer

State  
AK

Zip Code  
99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2015

Transaction ID : INCA1919

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
Palmer

State  
AK

Zip Code  
99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : INCA1980

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Covington, Carolyn H., , ,**

Mailing Address 3350 North Clark-Wolverine Road

City  
Palmer

State  
AK

Zip Code  
99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

Transaction ID : INCA2007

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City  
PalmerState  
AKZip Code  
99645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2015

Transaction ID : INCA2086

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crawford, Patricia A., , ,

Mailing Address 2251 Ridgemoor Court

City  
BurtonState  
MIZip Code  
48509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2015

Transaction ID : INCA1917

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crawford, Patricia A., , ,

Mailing Address 2251 Ridgemoor Court

City  
BurtonState  
MIZip Code  
48509FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : INCA2124

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crawford, Patricia A., , ,**

Mailing Address 2251 Ridgemoor Court

City  
Burton

State  
MI

Zip Code  
48509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

Transaction ID : INCA2668

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Croy, Luann, , ,**

Mailing Address 30110 Morningside Drive

City

Perrysburg

State  
OH

Zip Code  
43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lar Mar Foods

Occupation (for Individual)  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015

Transaction ID : INCA2293

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Croy, Luann, , ,**

Mailing Address 30110 Morningside Drive

City

Perrysburg

State  
OH

Zip Code  
43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lar Mar Foods

Occupation (for Individual)  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : INCA2654

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Chistine Star, , ,**

Mailing Address 851 Moraine Drive

City  
Lincoln

State  
NE

Zip Code  
68510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lincoln Public School System

Occupation (for Individual)  
Mentor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2015

Transaction ID : INCA2588

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Chistine Star, , ,**

Mailing Address 851 Moraine Drive

City  
Lincoln

State  
NE

Zip Code  
68510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lincoln Public School System

Occupation (for Individual)  
Mentor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 25 / 2015

Transaction ID : INCA2226

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Davis, Norma, , ,**

Mailing Address 1308 Lasuen Drive

City  
Millbrae

State  
CA

Zip Code  
94030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Norma Davis

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2015

Transaction ID : INCA1893

Amount of Each Receipt this Period

600.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Norma, , ,**

Mailing Address 1308 Lasuen Drive

City  
Millbrae

State  
CA

Zip Code  
94030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Norma Davis

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : INCA1970

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Norma, , ,**

Mailing Address 1308 Lasuen Drive

City  
Millbrae

State  
CA

Zip Code  
94030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Norma Davis

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2015

Transaction ID : INCA1999

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Demar, Caroline, , ,**

Mailing Address 152 Tampico Court

City  
Solana Beach

State  
CA

Zip Code  
92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2015

Transaction ID : INCA1780

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Demar, Caroline, , ,**

Mailing Address 152 Tampico Court

City  
Solana Beach

State  
CA

Zip Code  
92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

Transaction ID : INCA1928

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dillom, Rose M., , ,**

Mailing Address 321 Northridge Avenue

City  
Bolingbrook

State  
IL

Zip Code  
60440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rose M. Dillom

Occupation (for Individual)  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

Transaction ID : INCA1635

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dillom, Rose M., , ,**

Mailing Address 321 Northridge Avenue

City  
Bolingbrook

State  
IL

Zip Code  
60440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rose M. Dillom

Occupation (for Individual)  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

Transaction ID : INCA1750

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dillom, Rose M., , ,**

Mailing Address 321 Northridge Avenue

City  
BolingbrookState  
ILZip Code  
60440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rose M. Dillom

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2015

Transaction ID : INCA2175

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dubose, Reginald, , ,**

Mailing Address 749 East 118 Street

City  
ClevelandState  
OHZip Code  
44108FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2015

Transaction ID : INCA2260

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duncan, Janet M., , ,**

Mailing Address 1 Garden Road

City  
MarbleheadState  
MAZip Code  
01945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Boston Children's Hospital

Occupation (for Individual)

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2015

Transaction ID : INCA1816

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duncan, Janet M., , ,

Mailing Address 1 Garden Road

City  
Marblehead

State  
MA

Zip Code  
01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boston Children's Hospital

Occupation (for Individual)  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2015

Transaction ID : INCA1984

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City  
Bixby

State  
OK

Zip Code  
74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : INCA2763

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City  
Bixby

State  
OK

Zip Code  
74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : INCA2137

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3200.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eaton, Curtis J., , ,**

Mailing Address 622 Hill Blvd.

City  
Mason

State  
MI

Zip Code  
48854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Curtis J. Eaton

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1856

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eaton, Curtis J., , ,**

Mailing Address 622 Hill Blvd.

City  
Mason

State  
MI

Zip Code  
48854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Curtis J. Eaton

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

Transaction ID : INCA2006

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eaton, Curtis J., , ,**

Mailing Address 622 Hill Blvd.

City  
Mason

State  
MI

Zip Code  
48854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Curtis J. Eaton

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

Transaction ID : INCA2149

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Emek, Sharon H., , ,**

Mailing Address 75 Easr End Avenue, Apt. 166

City  
New York

State  
NY

Zip Code  
10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Work at Home Vintage Experts LLC

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2015

Transaction ID : INCA1912

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Emek, Sharon H., , ,**

Mailing Address 75 Easr End Avenue, Apt. 166

City  
New York

State  
NY

Zip Code  
10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Work at Home Vintage Experts LLC

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2015

Transaction ID : INCA1936

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Cynthia, , ,**

Mailing Address 212 Adams Pointe Blvd.

City  
Mars

State  
PA

Zip Code  
16046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Pennsylvania

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2015

Transaction ID : INCA1785

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fishman, Esther, , ,**

Mailing Address 3240 Lake Point Blvd., #327

City

Sarasota

State

FL

Zip Code

34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

09 / 05 / 2015

Transaction ID : INCA1838

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fishman, Esther, , ,**

Mailing Address 3240 Lake Point Blvd., #327

City

Sarasota

State

FL

Zip Code

34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

11 / 20 / 2015

Transaction ID : INCA2121

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fishman, Esther, , ,**

Mailing Address 3240 Lake Point Blvd., #327

City

Sarasota

State

FL

Zip Code

34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

12 / 29 / 2015

Transaction ID : INCA2849

Amount of Each Receipt this Period

72.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flavin, Joan D., , ,

Mailing Address 5855 North Sheridan Road, Apt. 18H

City  
ChicagoState  
ILZip Code  
60660FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2015

Transaction ID : INCA1907

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flavin, Joan D., , ,

Mailing Address 5855 North Sheridan Road, Apt. 18H

City  
ChicagoState  
ILZip Code  
60660FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

Transaction ID : INCA2542

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fraser, Edie A., , ,

Mailing Address 2916 32nd Street NW

City  
WashingtonState  
DCZip Code  
20008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STEMconnectorOccupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2015

Transaction ID : INCA1863

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fraser, Edie A., , ,**

Mailing Address 2916 32nd Street NW

City  
Washington

State  
DC

Zip Code  
20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STEMconnector

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2015

Transaction ID : INCA2123

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fraser, Edie A., , ,**

Mailing Address 2916 32nd Street NW

City  
Washington

State  
DC

Zip Code  
20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STEMconnector

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : INCA2027

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fressola, Ralph, , ,**

Mailing Address 2255 Armstrong Court, SW

City  
Conyers

State  
GA

Zip Code  
30094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ralph Fressola

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2015

Transaction ID : INCA1850

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fressola, Ralph, , ,**

Mailing Address 2255 Armstrong Court, SW

City

Conyers

State

GA

Zip Code

30094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ralph Fressola

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

Transaction ID : INCA1957

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fressola, Ralph, , ,**

Mailing Address 2255 Armstrong Court, SW

City

Conyers

State

GA

Zip Code

30094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ralph Fressola

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2015

Transaction ID : INCA2186

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Germanacos, Anne, , ,**

Mailing Address 830 Clayton Street

City

San Francisco

State

CA

Zip Code

94117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Anne Germanacos

Occupation (for Individual)

Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

Transaction ID : INCA2519

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1100.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gerson, Jeanne K., , ,**

Mailing Address 333 North Palm Drive, Apt. 105

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2015

Transaction ID : INCA2321

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gingiss, Randall J., , ,**

Mailing Address 1035 Valley View Drive

City

Vermillion

State

SD

Zip Code

57069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of South Dakota

Occupation (for Individual)

Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2015

Transaction ID : INCA1822

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gingiss, Randall J., , ,**

Mailing Address 1035 Valley View Drive

City

Vermillion

State

SD

Zip Code

57069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of South Dakota

Occupation (for Individual)

Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2015

Transaction ID : INCA2179

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gingiss, Randall J., , ,**

Mailing Address 1035 Valley View Drive

City  
Vermillion

State  
SD

Zip Code  
57069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of South Dakota

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2813

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hartnell, Darrell, , ,**

Mailing Address 5338 West Hilvety Road

City

Moweaqua

State

IL

Zip Code

62550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hartnell

Occupation (for Individual)  
Business Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2015

Transaction ID : INCA1914

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hartnell, Darrell, , ,**

Mailing Address 5338 West Hilvety Road

City

Moweaqua

State

IL

Zip Code

62550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hartnell

Occupation (for Individual)  
Business Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2015

Transaction ID : INCA2190

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hartnell, Darrell, , ,**

Mailing Address 5338 West Hilvety Road

City

Moweaqua

State

IL

Zip Code

62550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hartnell

Occupation (for Individual)

Business Administration

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 29 / 2015

Transaction ID : INCA2852

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haubold, Mary E., , ,**

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City

Topeka

State

KS

Zip Code

66614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 01 / 2015

Transaction ID : INCA1536

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Haubold, Mary E., , ,**

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City

Topeka

State

KS

Zip Code

66614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 01 / 2015

Transaction ID : INCA1717

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Haubold, Mary E., , ,**

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City  
Topeka

State  
KS

Zip Code  
66614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2015

Transaction ID : INCA1841

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haubold, Mary E., , ,**

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City  
Topeka

State  
KS

Zip Code  
66614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1834

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Haubold, Mary E., , ,**

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City  
Topeka

State  
KS

Zip Code  
66614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2015

Transaction ID : INCA1933

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haubold, Mary E., , ,

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City  
TopekaState  
KSZip Code  
66614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : INCA2264

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayes, Elizabeth T., , ,

Mailing Address 7774 McDermott Road

City  
ManliusState  
NYZip Code  
13104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2015

Transaction ID : INCA1968

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayes, Elizabeth T., , ,

Mailing Address 7774 McDermott Road

City  
ManliusState  
NYZip Code  
13104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2015

Transaction ID : INCA2097

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Heckenberg, Lana, , ,**

Mailing Address 16538 Bolsena Drive

City  
Mont Verde

State  
FL

Zip Code  
34756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2015

Transaction ID : INCA1901

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henderson, Gloria M., , ,**

Mailing Address 2442 Chapel Hill Road

City  
Griffin

State  
GA

Zip Code  
30224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : INCA1542

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henderson, Gloria M., , ,**

Mailing Address 2442 Chapel Hill Road

City  
Griffin

State  
GA

Zip Code  
30224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1852

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henderson, Gloria M., , ,**

Mailing Address 2442 Chapel Hill Road

City  
GriffinState  
GAZip Code  
30224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : INCA2032

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henderson, Gloria M., , ,**

Mailing Address 2442 Chapel Hill Road

City  
GriffinState  
GAZip Code  
30224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2015

Transaction ID : INCA2091

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Huber, Jeanne, , ,**

Mailing Address 5341 Cove Garden Road

City  
CovesevilleState  
VAZip Code  
22931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2015

Transaction ID : INCA1743

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Huber, Jeanne, , ,**

Mailing Address 5341 Cove Garden Road

City  
Covesville

State  
VA

Zip Code  
22931

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1854

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Huber, Jeanne, , ,**

Mailing Address 5341 Cove Garden Road

City  
Covesville

State  
VA

Zip Code  
22931

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2015

Transaction ID : INCA2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Huber, Jeanne, , ,**

Mailing Address 5341 Cove Garden Road

City  
Covesville

State  
VA

Zip Code  
22931

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2015

Transaction ID : INCA2093

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ireland, Eileen, , ,**

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : INCA2390

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ireland, Eileen, , ,**

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of New Mexico

Occupation (for Individual)  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1849

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ireland, Eileen, , ,**

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of New Mexico

Occupation (for Individual)  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2015

Transaction ID : INCA1955

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ireland, Eileen, , ,**

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2015

Transaction ID : INCA2790

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ireland, Eileen, , ,**

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2015

Transaction ID : INCA2793

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ireland, Sue A., , ,**

Mailing Address 1151 North Rush Street

City

Gary

State

IN

Zip Code

46403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

U.S. Government

Occupation (for Individual)

Investigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2015

Transaction ID : INCA1992

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Isreal, Lesley L., , ,**

Mailing Address P.O. Box 69

City  
Royal Oak

State  
MD

Zip Code  
21662

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 10 / 2015

Transaction ID : INCA2630

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Isreal, Lesley L., , ,**

Mailing Address P.O. Box 69

City  
Royal Oak

State  
MD

Zip Code  
21662

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2850

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Susan, , ,**

Mailing Address 1833 Sakai Village Loop

City  
Bainbridge Island

State  
WA

Zip Code  
98110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United States Department of Health and

Occupation (for Individual)  
HHS Region 10 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

Transaction ID : INCA99

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Karp, Carol D., , ,

Mailing Address 2120 Geri Lane

City  
Hillsborough

State  
CA

Zip Code  
94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Janssen Alzheimer Immunotherapy Resear

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2015

Transaction ID : INCA1897

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Karp, Carol D., , ,

Mailing Address 2120 Geri Lane

City  
Hillsborough

State  
CA

Zip Code  
94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Janssen Alzheimer Immunotherapy Resear

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2015

Transaction ID : INCA2335

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Karsten, Marilyn H., , ,

Mailing Address 10580 Wilshire Blvd., Apt. 66

City  
Los Angeles

State  
CA

Zip Code  
90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Karsten Family Foundation

Occupation (for Individual)  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

Transaction ID : INCA2613

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

850.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keefer, Betsy A., , ,**

Mailing Address 2500 Fairway Drive

City  
York

State  
PA

Zip Code  
17402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2015

Transaction ID : INCA1817

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Keefer, Betsy A., , ,**

Mailing Address 2500 Fairway Drive

City  
York

State  
PA

Zip Code  
17402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2015

Transaction ID : INCA1997

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kimling, L. Erlenmeyer, , ,**

Mailing Address 1 Briarwood Lane

City  
Stamford

State  
CT

Zip Code  
06903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 30 / 2015

Transaction ID : INCA1820

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City  
StamfordState  
CTZip Code  
06903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 01 / 2015

Transaction ID : INCA1851

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City  
StamfordState  
CTZip Code  
06903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2015

Transaction ID : INCA1932

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City  
StamfordState  
CTZip Code  
06903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 21 / 2015

Transaction ID : INCA2143

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1700.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kimling, L. Erlenmeyer, , ,**

Mailing Address 1 Briarwood Lane

City  
Stamford

State  
CT

Zip Code  
06903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : INCA2171

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kimling, L. Erlenmeyer, , ,**

Mailing Address 1 Briarwood Lane

City  
Stamford

State  
CT

Zip Code  
06903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2015

Transaction ID : INCA2026

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Earl, , ,**

Mailing Address 14505 Stetson Road

City  
Los Gatos

State  
CA

Zip Code  
95033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 05 / 2015

Transaction ID : INCA1565

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Earl, , ,**

Mailing Address 14505 Stetson Road

City  
Los Gatos

State  
CA

Zip Code  
95033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2015

Transaction ID : INCA1902

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Earl, , ,**

Mailing Address 14505 Stetson Road

City  
Los Gatos

State  
CA

Zip Code  
95033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2015

Transaction ID : INCA2170

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Earl, , ,**

Mailing Address 14505 Stetson Road

City  
Los Gatos

State  
CA

Zip Code  
95033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : INCA2191

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. King, Jane C., , ,**

Mailing Address 431 Sawgrass Hill Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Jane C. King

Occupation (for Individual)

Mortgage Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2015

Transaction ID : INCA1600

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Jane C., , ,**

Mailing Address 431 Sawgrass Hill Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Jane C. King

Occupation (for Individual)

Mortgage Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : INCA1896

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Knepper, Kathleen N., , ,**

Mailing Address 10404 Strathmore Park Court, #303

City  
Rockville

State  
MD

Zip Code  
20852

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2015

Transaction ID : INCA1818

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lampson, Claire G., , ,**

Mailing Address 18899 Independence Lane

City  
Geyserville

State  
CA

Zip Code  
95941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland & Therman

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2015

Transaction ID : INCA1658

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lampson, Claire G., , ,**

Mailing Address 18899 Independence Lane

City  
Geyserville

State  
CA

Zip Code  
95941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland & Therman

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2015

Transaction ID : INCA1860

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lampson, Claire G., , ,**

Mailing Address 18899 Independence Lane

City  
Geyserville

State  
CA

Zip Code  
95941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland & Therman

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : INCA2068

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lampson, Claire G., , ,**

Mailing Address 18899 Independence Lane

City  
Geyserville

State  
CA

Zip Code  
95941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland & Therman

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2015

Transaction ID : INCA2787

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Levy, Seena, , ,**

Mailing Address 3301 36th Street NW

City  
Washington

State  
DC

Zip Code  
60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Key Theatre Enterprises

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2015

Transaction ID : INCA1720

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Levy, Seena, , ,**

Mailing Address 3301 36th Street NW

City  
Washington

State  
DC

Zip Code  
60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Key Theatre Enterprises

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2015

Transaction ID : INCA2233

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marquess, Margo, , ,**

Mailing Address 5322 Fox Den Road

City  
Roanoke

State  
VA

Zip Code  
24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2015

Transaction ID : INCA2484

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marquess, Margo, , ,**

Mailing Address 5322 Fox Den Road

City  
Roanoke

State  
VA

Zip Code  
24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2015

Transaction ID : INCA1988

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marquess, Margo, , ,**

Mailing Address 5322 Fox Den Road

City  
Roanoke

State  
VA

Zip Code  
24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2015

Transaction ID : INCA2532

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maruzo, Sally, , ,**

Mailing Address 12 Oak Hills Trail

City  
Ledyard

State  
CT

Zip Code  
06339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2015

Transaction ID : INCA1916

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maruzo, Sally, , ,**

Mailing Address 12 Oak Hills Trail

City  
Ledyard

State  
CT

Zip Code  
06339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : INCA1972

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maruzo, Sally, , ,**

Mailing Address 12 Oak Hills Trail

City  
Ledyard

State  
CT

Zip Code  
06339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2015

Transaction ID : INCA2288

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2015

Transaction ID : INCA1590

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2015

Transaction ID : INCA1726

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

Transaction ID : INCA1948

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2015

Transaction ID : INCA2526

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : INCA2075

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : INCA2129

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 23 / 2015

Transaction ID : INCA2188

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2015

Transaction ID : INCA2178

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Monahan, Janice C., , ,**

Mailing Address 1130 Bridlewood Way

City  
Reno

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2839

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montague, Phillip L., , ,**

Mailing Address 2612 Sag Harbor Way

City  
The Villages

State  
FL

Zip Code  
32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 23 / 2015

Transaction ID : INCA2490

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montague, Phillip L., , ,**

Mailing Address 2612 Sag Harbor Way

City  
The Villages

State  
FL

Zip Code  
32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 01 / 2015

Transaction ID : INCA2269

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montague, Phillip L., , ,**

Mailing Address 2612 Sag Harbor Way

City  
The Villages

State  
FL

Zip Code  
32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 30 / 2015

Transaction ID : INCA2222

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montgomery, Thelma L., , ,**

Mailing Address 912 South Goldwyn Avenue

City  
Orlando

State  
FL

Zip Code  
32805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 01 / 2015

Transaction ID : INCA1829

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montgomery, Thelma L., , ,**

Mailing Address 912 South Goldwyn Avenue

City  
Orlando

State  
FL

Zip Code  
32805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 07 / 2015

Transaction ID : INCA1848

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montgomery, Thelma L., , ,**

Mailing Address 912 South Goldwyn Avenue

City  
Orlando

State  
FL

Zip Code  
32805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 10 / 2015

Transaction ID : INCA2498

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montgomery, Thelma L., , ,**

Mailing Address 912 South Goldwyn Avenue

City  
Orlando

State  
FL

Zip Code  
32805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2015

Transaction ID : INCA1995

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montgomery, Thelma L., , ,**

Mailing Address 912 South Goldwyn Avenue

City  
Orlando

State  
FL

Zip Code  
32805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : INCA2267

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nagan, Winston P., , ,**

Mailing Address 8966 Southwest 44th Lane

City  
Gainesville

State  
FL

Zip Code  
32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winston P. Nagan

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2015

Transaction ID : INCA41

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nagan, Winston P., , ,**

Mailing Address 8966 Southwest 44th Lane

City  
Gainesville

State  
FL

Zip Code  
32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winston P. Nagan

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1865

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nagan, Winston P., , ,**

Mailing Address 8966 Southwest 44th Lane

City  
Gainesville

State  
FL

Zip Code  
32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winston P. Nagan

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : INCA2155

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nagan, Winston P., , ,**

Mailing Address 8966 Southwest 44th Lane

City  
Gainesville

State  
FL

Zip Code  
32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winston P. Nagan

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2847

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Natkins, Harriette S., , ,**

Mailing Address 322 West 72nd Street

City  
New York

State  
NY

Zip Code  
10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Metlife

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2015

Transaction ID : INCA1682

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Natkins, Harriette S., , ,**

Mailing Address 322 West 72nd Street

City  
New York

State  
NY

Zip Code  
10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Metlife

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : INCA1888

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Natkins, Harriette S., , ,**

Mailing Address 322 West 72nd Street

City  
New York

State  
NY

Zip Code  
10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Metlife

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

Transaction ID : INCA2495

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neill, Mary C., , ,

Mailing Address 2618 Starlight Court

City  
San Antonio

State  
TX

Zip Code  
78261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2015

Transaction ID : INCA1752

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neill, Mary C., , ,

Mailing Address 2618 Starlight Court

City  
San Antonio

State  
TX

Zip Code  
78261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2015

Transaction ID : INCA1904

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neill, Mary C., , ,

Mailing Address 2618 Starlight Court

City  
San Antonio

State  
TX

Zip Code  
78261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

Transaction ID : INCA1947

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 190

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neill, Mary C., , ,

Mailing Address 2618 Starlight Court

City

San Antonio

State

TX

Zip Code

78261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : INCA2152

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neill, Mary C., , ,

Mailing Address 2618 Starlight Court

City

San Antonio

State

TX

Zip Code

78261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : INCA2133

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neill, Mary C., , ,

Mailing Address 2618 Starlight Court

City

San Antonio

State

TX

Zip Code

78261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015

Transaction ID : INCA2279

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neill, Mary C., , ,

Mailing Address 2618 Starlight Court

City  
San AntonioState  
TXZip Code  
78261FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2015

Transaction ID : INCA2765

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Passell, Nicholas, , ,

Mailing Address 524 Lincoln Avenue

City  
Eau ClaireState  
WIZip Code  
54701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nicholas PassellOccupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2015

Transaction ID : INCA1724

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Passell, Nicholas, , ,

Mailing Address 524 Lincoln Avenue

City  
Eau ClaireState  
WIZip Code  
54701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nicholas PassellOccupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

Transaction ID : INCA2344

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Passell, Nicholas, , ,

Mailing Address 524 Lincoln Avenue

City  
Eau ClaireState  
WIZip Code  
54701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nicholas PassellOccupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : INCA2136

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perkins, Victoria J., , ,

Mailing Address 11000 Huntover Drive

City  
RockvilleState  
MDZip Code  
20852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2015

Transaction ID : INCA1653

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perkins, Victoria J., , ,

Mailing Address 11000 Huntover Drive

City  
RockvilleState  
MDZip Code  
20852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

Transaction ID : INCA1946

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perkins, Victoria J., , ,**

Mailing Address 11000 Huntover Drive

City  
RockvilleState  
MDZip Code  
20852FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2015

Transaction ID : INCA2214

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prudhomme, Joseph G., , ,**

Mailing Address 4214 Burney Drive

City  
AustinState  
TXZip Code  
78731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prudhomme, Inc.Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : INCA1813

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prudhomme, Joseph G., , ,**

Mailing Address 4214 Burney Drive

City  
AustinState  
TXZip Code  
78731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prudhomme, Inc.Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2015

Transaction ID : INCA2004

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prudhomme, Joseph G., , ,**

Mailing Address 4214 Burney Drive

City  
Austin

State  
TX

Zip Code  
78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prudhomme, Inc.

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2015

Transaction ID : INCA2349

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prudhomme, Joseph G., , ,**

Mailing Address 4214 Burney Drive

City  
Austin

State  
TX

Zip Code  
78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prudhomme, Inc.

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2015

Transaction ID : INCA2138

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pugh, Margaret M., , ,**

Mailing Address 1011 D Street

City  
Juneau

State  
AK

Zip Code  
99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2015

Transaction ID : INCA1853

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pugh, Margaret M., , ,**

Mailing Address 1011 D Street

City  
Juneau

State  
AK

Zip Code  
99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2015

Transaction ID : INCA2009

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pugh, Margaret M., , ,**

Mailing Address 1011 D Street

City  
Juneau

State  
AK

Zip Code  
99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 12 / 2015

Transaction ID : INCA2600

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rakoski, Michael, , ,**

Mailing Address 1735 York Avenue, #38

City  
New York

State  
NY

Zip Code  
10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Michael Rakoski

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 10 / 2015

Transaction ID : INCA1728

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rakoski, Michael, , ,

Mailing Address 1735 York Avenue, #38

City  
New York

State  
NY

Zip Code  
10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Michael Rakoski

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : INCA1878

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rakoski, Michael, , ,

Mailing Address 1735 York Avenue, #38

City  
New York

State  
NY

Zip Code  
10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Michael Rakoski

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2015

Transaction ID : INCA2204

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rakoski, Michael, , ,

Mailing Address 1735 York Avenue, #38

City  
New York

State  
NY

Zip Code  
10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Michael Rakoski

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2819

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ritti, Alyce Rey, , ,**

Mailing Address 170 Cherrywood Way

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2015

Transaction ID : INCA1685

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ritti, Alyce Rey, , ,**

Mailing Address 170 Cherrywood Way

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

Transaction ID : INCA1747

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ritti, Alyce Rey, , ,**

Mailing Address 170 Cherrywood Way

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : INCA1971

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

440.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Scott P., , ,**

Mailing Address 625 Olima Street

City  
SausalitoState  
CAZip Code  
94965FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2015

Transaction ID : INCA1660

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Scott P., , ,**

Mailing Address 625 Olima Street

City  
SausalitoState  
CAZip Code  
94965FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2015

Transaction ID : INCA1985

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosen, Ruth W., , ,**

Mailing Address 5 Mount Hood Court

City  
San RafaelState  
CAZip Code  
94903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2015

Transaction ID : INCA1630

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosen, Ruth W., , ,**

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : INCA1832

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosen, Ruth W., , ,**

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2015

Transaction ID : INCA1943

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosen, Ruth W., , ,**

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

Transaction ID : INCA2000

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2015

Transaction ID : INCA2031

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2015

Transaction ID : INCA1884

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : INCA1944

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City  
BethesdaState  
MDZip Code  
20817FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

Transaction ID : INCA2203

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sever, Nancy, , ,

Mailing Address 5200 Southwest 25th Blvd., Unit 12

City  
GainesvilleState  
FLZip Code  
32608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015

Transaction ID : INCA1890

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sever, Nancy, , ,

Mailing Address 5200 Southwest 25th Blvd., Unit 12

City  
GainesvilleState  
FLZip Code  
32608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

Transaction ID : INCA2071

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shapard, Virginia M., , ,**

Mailing Address 2251 Jackson Road

City  
Griffin

State  
GA

Zip Code  
30223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2015

Transaction ID : INCA1591

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shapard, Virginia M., , ,**

Mailing Address 2251 Jackson Road

City  
Griffin

State  
GA

Zip Code  
30223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2015

Transaction ID : INCA2016

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shapard, Virginia M., , ,**

Mailing Address 2251 Jackson Road

City  
Griffin

State  
GA

Zip Code  
30223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : INCA2362

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shinaberry, Steryl, , ,**

Mailing Address 401 Shores Drive

City  
Vero Beach

State  
FL

Zip Code  
32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2015

Transaction ID : INCA1788

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shooter, Eric M., , ,**

Mailing Address 370 Golden Oak Drive

City  
Portola Valley

State  
CA

Zip Code  
94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2015

Transaction ID : INCA1876

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sims, Donald R., , ,**

Mailing Address 130 Baywatch Circle

City  
Fayetteville

State  
GA

Zip Code  
30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : INCA1693

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sims, Donald R., , ,**

Mailing Address 130 Baywatch Circle

City  
Fayetteville

State  
GA

Zip Code  
30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2015

Transaction ID : INCA1986

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sims, Donald R., , ,**

Mailing Address 130 Baywatch Circle

City  
Fayetteville

State  
GA

Zip Code  
30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2015

Transaction ID : INCA2589

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Sara Dawn, , ,**

Mailing Address 3717 Mount Rainer Drive, NE

City  
Albuquerque

State  
NM

Zip Code  
87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2015

Transaction ID : INCA1891

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Sara Dawn, , ,**

Mailing Address 3717 Mount Rainer Drive, NE

City  
Albuquerque

State  
NM

Zip Code  
87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2015

Transaction ID : INCA2587

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stahl, Jonnie B., , ,**

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State  
CA

Zip Code  
94401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : INCA1662

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stahl, Jonnie B., , ,**

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State  
CA

Zip Code  
94401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : INCA1956

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015

Transaction ID : INCA2058

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2015

Transaction ID : INCA2180

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stillpass, Ellen K., , ,

Mailing Address 321 Riverside Drive, Apt. 2

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2015

Transaction ID : INCA1725

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stillpass, Ellen K., , ,**

Mailing Address 321 Riverside Drive, Apt. 2

City  
Covington

State  
KY

Zip Code  
41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

Transaction ID : INCA2148

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Talley, Ruth B., , ,**

Mailing Address 1302 Anglers Lane

City  
Lutz

State  
FL

Zip Code  
33548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2015

Transaction ID : INCA1913

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor, Diana, , ,**

Mailing Address 640 Davis Street, Apt. 13

City  
San Francisco

State  
CA

Zip Code  
94111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2015

Transaction ID : INCA2593

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Diana, , ,**

Mailing Address 640 Davis Street, Apt. 13

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : INCA2653

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Truglia, Christel, , ,**

Mailing Address 43 Harbor Drive

City

Stamford

State

CT

Zip Code

06902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2015

Transaction ID : INCA2383

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Truglia, Christel, , ,**

Mailing Address 43 Harbor Drive

City

Stamford

State

CT

Zip Code

06902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2015

Transaction ID : INCA2721

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Truglia, Christel, , ,**

Mailing Address 43 Harbor Drive

City  
StamfordState  
CTZip Code  
06902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : INCA2510

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tveit, Carol J., , ,**

Mailing Address 99 Clarendon Avenue

City

Acondale Estates

State  
GAZip Code  
30002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

Transaction ID : INCA2520

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weil, Anthony E., , ,**

Mailing Address 2250 Plainfield Avenue, N

City

Piscataway

State  
NJZip Code  
08854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anthony E. WeilOccupation (for Individual)  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2015

Transaction ID : INCA1748

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

425.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weil, Anthony E., , ,**

Mailing Address 2250 Plainfield Avenue, N

City  
Piscataway

State  
NJ

Zip Code  
08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anthony E. Weil

Occupation (for Individual)  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : INCA2039

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weil, Anthony E., , ,**

Mailing Address 2250 Plainfield Avenue, N

City  
Piscataway

State  
NJ

Zip Code  
08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anthony E. Weil

Occupation (for Individual)  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2015

Transaction ID : INCA2373

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weinman, Diann L., , ,**

Mailing Address 4310 Northwest 6th Drive

City  
Des Moines

State  
IA

Zip Code  
50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2015

Transaction ID : INCA1751

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weinman, Diann L., , ,**

Mailing Address 4310 Northwest 6th Drive

City  
Des Moines

State  
IA

Zip Code  
50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2015

Transaction ID : INCA1983

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weinman, Diann L., , ,**

Mailing Address 4310 Northwest 6th Drive

City  
Des Moines

State  
IA

Zip Code  
50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2015

Transaction ID : INCA2213

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weinman, Diann L., , ,**

Mailing Address 4310 Northwest 6th Drive

City  
Des Moines

State  
IA

Zip Code  
50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2853

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werlinich, Lucille, , ,**

Mailing Address 18 Ponds Lane

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 23 / 2015

Transaction ID : INCA2726

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Werlinich, Lucille, , ,**

Mailing Address 18 Ponds Lane

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 02 / 2015

Transaction ID : INCA1868

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Werlinich, Lucille, , ,**

Mailing Address 18 Ponds Lane

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 09 / 2015

Transaction ID : INCA1991

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. White, Nancy M., , ,**

Mailing Address 1516 Enyart Way, #204

City  
Annapolis

State  
MD

Zip Code  
21409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nancy M. White

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2015

Transaction ID : INCA2513

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Nancy M., , ,**

Mailing Address 1516 Enyart Way, #204

City  
Annapolis

State  
MD

Zip Code  
21409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nancy M. White

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : INCA1989

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. White, Nancy M., , ,**

Mailing Address 1516 Enyart Way, #204

City  
Annapolis

State  
MD

Zip Code  
21409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nancy M. White

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 29 / 2015

Transaction ID : INCA2262

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 190

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilke, Linda L., , ,**

Mailing Address 302 Mission Lane

City  
Bunker Hill

State  
WV

Zip Code  
25413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 09 / 2015

Transaction ID : INCA1721

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilke, Linda L., , ,**

Mailing Address 302 Mission Lane

City  
Bunker Hill

State  
WV

Zip Code  
25413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 28 / 2015

Transaction ID : INCA2250

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Woolbright, Cynthia, , ,**

Mailing Address 667 Midship Circle

City  
Webster

State  
NY

Zip Code  
14580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cynthia Woolbright

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 11 / 2015

Transaction ID : INCA2506

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Woolbright, Cynthia, , ,**

Mailing Address 667 Midship Circle

City  
Webster

State  
NY

Zip Code  
14580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cynthia Woolbright

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2015

Transaction ID : INCA2545

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zimmer, Deborah L., , ,**

Mailing Address 648 Kirk Glen Drive

City  
San Jose

State  
CA

Zip Code  
95133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2015

Transaction ID : INCA1824

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zimmer, Deborah L., , ,**

Mailing Address 648 Kirk Glen Drive

City  
San Jose

State  
CA

Zip Code  
95133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

Transaction ID : INCA1993

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 OF 190

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Zimmer, Deborah L., , ,

Mailing Address 648 Kirk Glen Drive

City  
San Jose

State  
CA

Zip Code  
95133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : INCA2836

Amount of Each Receipt this Period

216.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

216.00

50650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 OF 190

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/> 13								

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Church, Judson A., , ,**

Mailing Address 764 Pines Lake Drive West

City  
Wayne

State  
NJ

Zip Code  
07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Judson A. Church

Occupation (for Individual)  
Lender

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260000.00

Date of Receipt

MM / DD / YYYY  
07 / 23 / 2015

Transaction ID : PAYA1950

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Finiks Capital, LLC**

Mailing Address 3625 W. MacArthur Blvd., #302

City  
Santa Ana

State  
CA

Zip Code  
92704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : PAYA1964

Amount of Each Receipt this Period

12400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finiks Capital, LLC**

Mailing Address 3625 W. MacArthur Blvd., #302

City  
Santa Ana

State  
CA

Zip Code  
92704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : PAYA1967

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

22405.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA13

Transaction ID : PAYA1950

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 190  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Finiks Capital, LLC**

Mailing Address 3625 W. MacArthur Blvd., #302

City  
Santa Ana

State  
CA

Zip Code  
92704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : PAYA3305

Amount of Each Receipt this Period

5300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Finiks Capital, LLC**

Mailing Address 3625 W. MacArthur Blvd., #302

City  
Santa Ana

State  
CA

Zip Code  
92704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

Transaction ID : PAYA3298

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10300.00

32705.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Adobe Business Catalyst**

Mailing Address 345 Park Avenue

City  
San JoseState  
CAZip Code  
95110Purpose of Disbursement  
Web Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	3				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1089

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Adobe Business Catalyst**

Mailing Address 345 Park Avenue

City  
San JoseState  
CAZip Code  
95110Purpose of Disbursement  
Web Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	2				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1119

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Adobe Business Catalyst**

Mailing Address 345 Park Avenue

City  
San JoseState  
CAZip Code  
95110Purpose of Disbursement  
Web Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	4				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1149

Amount of Each Disbursement this Period

18.88

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

56.64

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Adobe Business Catalyst**

Mailing Address 345 Park Avenue

City  
San JoseState  
CAZip Code  
95110Purpose of Disbursement  
Web Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2015

FEC Identification Number

C

Transaction ID : EXPB3491

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Adobe Business Catalyst**

Mailing Address 345 Park Avenue

City  
San JoseState  
CAZip Code  
95110Purpose of Disbursement  
Web Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2015

FEC Identification Number

C

Transaction ID : EXPB1280

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ault III, Milton C., , ,**

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

FEC Identification Number

C

Transaction ID : EXPB3974

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

537.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Ault III, Milton C., , ,**

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3978

Amount of Each Disbursement this Period

1290.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ault III, Milton C., , ,**

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3976

Amount of Each Disbursement this Period

1209.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ault III, Milton C., , ,**

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1112

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Ault III, Milton C., , ,**

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1312

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ault III, Milton C., , ,**

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1315

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ault III, Milton C., , ,**

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1317

Amount of Each Disbursement this Period

410.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

885.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2912

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2921

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2929

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	4				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB2934

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3015

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3011

Amount of Each Disbursement this Period

12.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3025

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3041

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3066

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3072

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3079

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3088

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3097

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0				0	7		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3106

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0				0	8		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3108

Amount of Each Disbursement this Period

12.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2015					

FEC Identification Number

C

Transaction ID : EXPB3115

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2015					

FEC Identification Number

C

Transaction ID : EXPB3176

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2015					

FEC Identification Number

C

Transaction ID : EXPB3186

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2015

FEC Identification Number

C

Transaction ID : EXPB3183

Amount of Each Disbursement this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

FEC Identification Number

C

Transaction ID : EXPB3192

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2015

FEC Identification Number

C

Transaction ID : EXPB3197

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

48.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3233

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3247

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3255

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

46.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3262

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3271

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3281

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

51.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3360

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3317

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3319

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				08				2015					

FEC Identification Number

C

Transaction ID : EXPB3321

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				08				2015					

FEC Identification Number

C

Transaction ID : EXPB3323

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2015					

FEC Identification Number

C

Transaction ID : EXPB3328

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				14				2015					

FEC Identification Number

C

Transaction ID : EXPB3331

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				15				2015					

FEC Identification Number

C

Transaction ID : EXPB3333

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				16				2015					

FEC Identification Number

C

Transaction ID : EXPB3335

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				21				2015					

FEC Identification Number

C

Transaction ID : EXPB3339

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				22				2015					

FEC Identification Number

C

Transaction ID : EXPB3341

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				23				2015					

FEC Identification Number

C

Transaction ID : EXPB3343

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

FEC Identification Number

C

Transaction ID : EXPB3346

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

FEC Identification Number

C

Transaction ID : EXPB3350

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 790184

City  
Saint LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

FEC Identification Number

C

Transaction ID : EXPB3352

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Global Response Marketing**

Mailing Address 6250 Mountain Vista Street, #A

City  
HendersonState  
NVZip Code  
89014Purpose of Disbursement  
Call Center

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1133

Amount of Each Disbursement this Period

306.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Global Response Marketing**

Mailing Address 6250 Mountain Vista Street, #A

City  
HendersonState  
NVZip Code  
89014Purpose of Disbursement  
Call Center

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1134

Amount of Each Disbursement this Period

226.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Global Response Marketing**

Mailing Address 6250 Mountain Vista Street, #A

City  
HendersonState  
NVZip Code  
89014Purpose of Disbursement  
Call Center

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1136

Amount of Each Disbursement this Period

77.19

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

610.30

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Global Response Marketing**

Mailing Address 6250 Mountain Vista Street, #A

City  
HendersonState  
NVZip Code  
89014Purpose of Disbursement  
Call Center

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1164

Amount of Each Disbursement this Period

178.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Global Response Marketing**

Mailing Address 6250 Mountain Vista Street, #A

City  
HendersonState  
NVZip Code  
89014Purpose of Disbursement  
Call Center

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1165

Amount of Each Disbursement this Period

37.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hodgins, James P., , ,**

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781Purpose of Disbursement  
Consulting Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3983

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4215.58

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Hodgins, James P., , ,**

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781Purpose of Disbursement  
Consulting Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3985

Amount of Each Disbursement this Period

420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hodgins, James P., , ,**

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781Purpose of Disbursement  
Consulting Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3987

Amount of Each Disbursement this Period

380.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1086

Amount of Each Disbursement this Period

8.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

808.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1087

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1116

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1115

Amount of Each Disbursement this Period

8.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	8	8	.	0	0								
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1146

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1145

Amount of Each Disbursement this Period

8.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Subscription

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Transaction ID : EXPB3478

Amount of Each Disbursement this Period

8.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

156.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Subscription

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				01				2015					

FEC Identification Number

C

Transaction ID : EXPB3479

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1267

Amount of Each Disbursement this Period

36.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1268

Amount of Each Disbursement this Period

140.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

316.39

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				01				2015					

FEC Identification Number

C

Transaction ID : EXPB1330

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Microsoft Office 365**

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Supplier

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1331

Amount of Each Disbursement this Period

39.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Merchant Services**

Mailing Address Two Town Square Blvd., Suite 300

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2015					

FEC Identification Number

C

Transaction ID : EXPB1242

Amount of Each Disbursement this Period

972.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1152.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. North American Merchant Services**

Mailing Address Two Town Square Blvd., Suite 300

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1243

Amount of Each Disbursement this Period

126.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Merchant Services**

Mailing Address Two Town Square Blvd., Suite 300

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1294

Amount of Each Disbursement this Period

22.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Merchant Services**

Mailing Address Two Town Square Blvd., Suite 300

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1301

Amount of Each Disbursement this Period

2.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

151.65



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. North American Merchant Services**

Mailing Address Two Town Square Blvd., Suite 300

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1306

Amount of Each Disbursement this Period

407.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Merchant Services**

Mailing Address Two Town Square Blvd., Suite 300

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1309

Amount of Each Disbursement this Period

241.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Merchant Services**

Mailing Address Two Town Square Blvd., Suite 300

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	4		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1336

Amount of Each Disbursement this Period

187.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

836.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. One Legal**

Mailing Address 504 Redwood Blvd., #223

City  
NovatoState  
CAZip Code  
94947Purpose of Disbursement  
Legal Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3490

Amount of Each Disbursement this Period

240.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pacific Premier Law**

Mailing Address 1000 Quail Street, Suite 230

City  
Newport BeachState  
CAZip Code  
92660Purpose of Disbursement  
Legal Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1244

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1123

Amount of Each Disbursement this Period

32.05

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

522.85

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1124

Amount of Each Disbursement this Period

4.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1128

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1157

Amount of Each Disbursement this Period

27.09

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.94

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

FEC Identification Number

C

Transaction ID : EXPB1220

Amount of Each Disbursement this Period

32.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			02			2015					

FEC Identification Number

C

Transaction ID : EXPB1292

Amount of Each Disbursement this Period

40.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2015					

FEC Identification Number

C

Transaction ID : EXPB1293

Amount of Each Disbursement this Period

108.55

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

181.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Qgiv**

Mailing Address 1516 Xavier Street

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1308

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2909

Amount of Each Disbursement this Period

13.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1097

Amount of Each Disbursement this Period

7.82

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2015

FEC Identification Number

C

Transaction ID : EXPB1101

Amount of Each Disbursement this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2015

FEC Identification Number

C

Transaction ID : EXPB1102

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2015

FEC Identification Number

C

Transaction ID : EXPB1103

Amount of Each Disbursement this Period

31.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

131.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				1	0					2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1105

Amount of Each Disbursement this Period

108.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				1	0					2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB2917

Amount of Each Disbursement this Period

311.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				1	0					2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1104

Amount of Each Disbursement this Period

41.71

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

462.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2995

Amount of Each Disbursement this Period

2.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1122

Amount of Each Disbursement this Period

0.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1125

Amount of Each Disbursement this Period

23.83

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

26.82



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3466

Amount of Each Disbursement this Period

46.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1127

Amount of Each Disbursement this Period

48.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3005

Amount of Each Disbursement this Period

216.55

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

311.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	3				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1129

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	2				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1155

Amount of Each Disbursement this Period

6.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	2				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1156

Amount of Each Disbursement this Period

9.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.84

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

Foundation for a Greater America, Inc.

28.08

Memo Item

356.85

 Memo Item

Category/  
Type

 Memo Item

431.43

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1160

Amount of Each Disbursement this Period

81.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1163

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1219

Amount of Each Disbursement this Period

6.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

587.35

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1218

Amount of Each Disbursement this Period

4.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB1228

Amount of Each Disbursement this Period

24.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB1230

Amount of Each Disbursement this Period

28.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

56.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB3120

Amount of Each Disbursement this Period

361.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB1227

Amount of Each Disbursement this Period

23.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2015					

FEC Identification Number

C

Transaction ID : EXPB1239

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

424.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3224

Amount of Each Disbursement this Period

0.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3243

Amount of Each Disbursement this Period

558.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1298

Amount of Each Disbursement this Period

29.38

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

588.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1299

Amount of Each Disbursement this Period

34.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1297

Amount of Each Disbursement this Period

21.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3326

Amount of Each Disbursement this Period

709.97

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

765.94

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. TransFirst, LLC**

Mailing Address 3131 South Vaughn Way, Suite 350

City  
AuroraState  
COZip Code  
80014Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
								2015					

FEC Identification Number

C

Transaction ID : EXPB3337

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	5		
								2015					

FEC Identification Number

C

Transaction ID : EXPB1106

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	5		
								2015					

FEC Identification Number

C

Transaction ID : EXPB1107

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

141.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1090

Amount of Each Disbursement this Period

33.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1117

Amount of Each Disbursement this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1130

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1120

Amount of Each Disbursement this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1121

Amount of Each Disbursement this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1161

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

49.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1154

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0				0	6		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1224

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0				0	6		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1222

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

83.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

FEC Identification Number

C

Transaction ID : EXPB1229

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

FEC Identification Number

C

Transaction ID : EXPB1235

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

FEC Identification Number

C

Transaction ID : EXPB1236

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

97.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1231

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1234

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1233

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

FEC Identification Number

C

Transaction ID : EXPB1237

Amount of Each Disbursement this Period

									5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

FEC Identification Number

C

Transaction ID : EXPB1303

Amount of Each Disbursement this Period

									5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

FEC Identification Number

C

Transaction ID : EXPB1310

Amount of Each Disbursement this Period

									36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

									46.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1332

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				03				2015					

FEC Identification Number

C

Transaction ID : EXPB1334

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				03				2015					

FEC Identification Number

C

Transaction ID : EXPB1333

Amount of Each Disbursement this Period

36.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

108.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1335

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1337

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1341

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1339

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1338

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1340

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
								2015					

FEC Identification Number

C

Transaction ID : EXPB1342

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
								2015					

FEC Identification Number

C

Transaction ID : EXPB1343

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 16061 Brookhurst Street

City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
								2015					

FEC Identification Number

C

Transaction ID : EXPB1344

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Wal Mart**

Mailing Address 3600 West McFadden Avenue

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

FEC Identification Number

C

Transaction ID : EXPB1213

Amount of Each Disbursement this Period

134.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wal Mart**

Mailing Address 3600 West McFadden Avenue

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

FEC Identification Number

C

Transaction ID : EXPB1215

Amount of Each Disbursement this Period

111.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wal Mart**

Mailing Address 3600 West McFadden Avenue

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

FEC Identification Number

C

Transaction ID : EXPB1269

Amount of Each Disbursement this Period

9.80

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

255.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Wal Mart**

Mailing Address 3600 West McFadden Avenue

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1270

Amount of Each Disbursement this Period

35.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wal Mart**

Mailing Address 3600 West McFadden Avenue

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1271

Amount of Each Disbursement this Period

37.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wal Mart**

Mailing Address 3600 West McFadden Avenue

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1277

Amount of Each Disbursement this Period

51.51

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Wal Mart**

Mailing Address 3600 West McFadden Avenue

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1284

Amount of Each Disbursement this Period

267.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wald, David D., , ,**

Mailing Address P.O. Box 19068

City  
IrvineState  
CAZip Code  
92623Purpose of Disbursement  
Rent

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1131

Amount of Each Disbursement this Period

3110.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Younger, Herschel, , ,**

Mailing Address 630 South Knott Avenue, #16

City  
AnaheimState  
CAZip Code  
92804Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1135

Amount of Each Disbursement this Period

162.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3540.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 190

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Younger, Herschel, , ,

Mailing Address 630 South Knott Avenue, #16

City  
AnaheimState  
CAZip Code  
92804Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

FEC Identification Number

C

Transaction ID : EXPB1138

Amount of Each Disbursement this Period

234.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Younger, Herschel, , ,

Mailing Address 630 South Knott Avenue, #16

City  
AnaheimState  
CAZip Code  
92804Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

FEC Identification Number

C

Transaction ID : EXPB1139

Amount of Each Disbursement this Period

830.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Younger, Herschel, , ,

Mailing Address 630 South Knott Avenue, #16

City  
AnaheimState  
CAZip Code  
92804Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

FEC Identification Number

C

Transaction ID : EXPB1166

Amount of Each Disbursement this Period

240.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1305.24

24567.63

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 190

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

**A. Church, Judson A., , ,**

Mailing Address 764 Pines Lake Drive West

City  
WayneState  
NJZip Code  
07470

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

FEC Identification Number

**C****Transaction ID : PAYB3980**

Amount of Each Disbursement this Period

2800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCKEA Holdings, Inc.**

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92871

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

FEC Identification Number

**C****Transaction ID : PAYB4011**

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3200.00

3200.00



**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 161 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3469

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

43813.34

Cumulative Payment To Date

23461.78

Balance Outstanding at Close of This Period

20351.56

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 17 / 2014

Date Due

M M / D D / Y Y Y Y  
11 / 17 / 2015

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20351.56

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 162 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3461

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

21100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 18 / 2014

Date Due

M M / D D / Y Y Y Y  
11 / 18 / 2015

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

21100.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 163 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3501

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

MM / DD / YYYY  
11 / 18 / 2014

Date Due

MM / DD / YYYY  
05 / 18 / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 164 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3956

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLCN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

1200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1200.00

**TERMS**

Date Incurred

MM / DD / YYYY  
01 / 30 / 2015

Date Due

MM / DD / YYYY  
01 / 30 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1200.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 165 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3958

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLC☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

77400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77400.00

**TERMS**

Date Incurred

MM / DD / YY  
01 / 30 / 2015

Date Due

MM / DD / YY  
01 / 30 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77400.00

**TOTALS** This Period (last page in this line only)..... ►

220051.56

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 166 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3820

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Church, Judson A., , ,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

ZIP Code

07470

Original Amount of Loan

250000.00

Cumulative Payment To Date

53050.00

Balance Outstanding at Close of This Period

196950.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 27 / 2015

Date Due

M M / D D / Y Y Y Y  
11 / 23 / 2016

Interest Rate

15.00 % (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

196950.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : PAYC3820

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 168 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1950

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Church, Judson A., , ,**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

ZIP Code

07470

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 23 / 2015

Date Due

M M / D D / Y Y Y Y  
07 / 23 / 2016

Interest Rate

15.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : PAYC1950

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 170 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3812

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
CrossClick Media, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

26500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y  
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

26500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 171 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3816

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
CrossClick Media, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

19000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y  
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

19000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 172 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3818

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
CrossClick Media, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

13200.00

Cumulative Payment To Date

76.79

Balance Outstanding at Close of This Period

13123.21

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y  
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

13123.21

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 173 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1964

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

12400.00

Cumulative Payment To Date

2695.00

Balance Outstanding at Close of This Period

9705.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
07 / 06 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9705.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 174 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1967

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLCN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

5.00

Cumulative Payment To Date

5.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 13 / 2015

Date Due

M M / D D / Y Y Y Y  
07 / 13 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 175 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3305

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

5300.00

Cumulative Payment To Date

5300.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 15 / 2015

Date Due

M M / D D / Y Y Y Y  
10 / 15 / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 176 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3298

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 21 / 2015

Date Due

M M / D D / Y Y Y Y  
10 / 21 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 177 OF 190

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC4009

Foundation for a Greater America, Inc.

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MCKEA Holdings, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address P.O. Box 3587

City

Tustin

State

CA

ZIP Code

92871

Original Amount of Loan

400.00

Cumulative Payment To Date

400.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 22 / 2014

Date Due

M M / D D / Y Y Y Y  
04 / 21 / 2015

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

280278.21

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 178 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Card Processing &amp; Web Design Services

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

2550.00

Transaction ID : PAYD3515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2550.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Card Processing &amp; Web Design Services

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

20000.00

Transaction ID : PAYD3807

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

22550.99

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 179 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):  
Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City  
WashingtonState  
DCZip Code  
20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3961

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):  
Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City  
WashingtonState  
DCZip Code  
20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3966

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault III, Milton C., , ,

Nature of Debt (Purpose):  
Strategic Planning Consulting

Mailing Address 13101 Cottonwood

City  
Santa AnaState  
CAZip Code  
92705

Outstanding Balance Beginning This Period

1709.50

Transaction ID : PAYD3968

Amount Incurred This Period

0.00

Payment This Period

1709.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1.98

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 180 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):  
Office Supplies

Mailing Address 8686 Merced Circle, Unit 1007 D

City  
Costa MesaState  
CAZip Code  
92626

Outstanding Balance Beginning This Period

12.71

Transaction ID : PAYD2231

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):  
Office Supplies

Mailing Address 8686 Merced Circle, Unit 1007 D

City  
Costa MesaState  
CAZip Code  
92626

Outstanding Balance Beginning This Period

28.80

Transaction ID : PAYD2696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):  
Postage

Mailing Address 8686 Merced Circle, Unit 1007 D

City  
Costa MesaState  
CAZip Code  
92626

Outstanding Balance Beginning This Period

19.60

Transaction ID : PAYD3509

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.60

1) **SUBTOTALS** This Period This Page (optional)..... ►

61.11

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 181 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):  
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

75.46

Transaction ID : PAYD2448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):  
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

66.72

Transaction ID : PAYD2451

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

66.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):  
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

57.82

Transaction ID : PAYD2455

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.82

1) **SUBTOTALS** This Period This Page (optional)..... ►

200.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 182 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):  
Loan Fee

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

450.00

Transaction ID : PAYD3792

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):  
Loan Interest

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

820.87

Transaction ID : PAYD3793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

820.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Church, Judson A., , ,

Nature of Debt (Purpose):  
Loan Interest Payment

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

Zip Code

07470

Outstanding Balance Beginning This Period

362.00

Transaction ID : PAYD3969

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

362.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1632.87

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 183 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):

Corporate Document Services

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

352.00

Transaction ID : PAYD1965

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

352.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):

Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

33.84

Transaction ID : PAYD2235

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):

Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

24.12

Transaction ID : PAYD2701

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24.12

1) **SUBTOTALS** This Period This Page (optional)..... ►

409.96

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 184 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):  
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

8.28

Transaction ID : PAYD3324

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):  
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

8.28

Transaction ID : PAYD3512

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):  
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

15.84

Transaction ID : PAYD3806

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.84

1) **SUBTOTALS** This Period This Page (optional)..... ►

32.40

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 185 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):  
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

9.00

Transaction ID : PAYD3967

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CrossClick Media, Inc.

Nature of Debt (Purpose):  
Call Center

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

Zip Code

89123

Outstanding Balance Beginning This Period

62747.69

Transaction ID : PAYD3962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62747.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):  
Office Supplies

Mailing Address P.O. Box 3587

City

Tustin

State

CA

Zip Code

92781

Outstanding Balance Beginning This Period

9.05

Transaction ID : PAYD2221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.05

1) **SUBTOTALS** This Period This Page (optional)..... ►

62765.74

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 186 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):  
Consulting Services

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781

Outstanding Balance Beginning This Period

4420.00

Transaction ID : PAYD2693

Amount Incurred This Period

0.00

Payment This Period

4420.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):  
Consulting Services

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781

Outstanding Balance Beginning This Period

1500.00

Transaction ID : PAYD3322

Amount Incurred This Period

0.00

Payment This Period

380.00

Outstanding Balance at Close of This Period

1120.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):  
Consulting Services

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781

Outstanding Balance Beginning This Period

1500.00

Transaction ID : PAYD3510

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2620.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 187 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):  
Consulting Services

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781

Outstanding Balance Beginning This Period

1500.00

Transaction ID : PAYD3804

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):  
Consulting Services

Mailing Address P.O. Box 3587

City  
TustinState  
CAZip Code  
92781

Outstanding Balance Beginning This Period

9000.00

Transaction ID : PAYD3959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InFind.com, Inc.

Nature of Debt (Purpose):  
Management Consulting Services

Mailing Address 12021 Wilshire Blvd., Suite 634

City  
Los AngelesState  
CAZip Code  
90025

Outstanding Balance Beginning This Period

6100.00

Transaction ID : PAYD1975

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6100.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

16600.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 188 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InFind.com, Inc.

Nature of Debt (Purpose):

Management Consulting Services

Mailing Address 12021 Wilshire Blvd., Suite 634

City

Los Angeles

State

CA

Zip Code

90025

Outstanding Balance Beginning This Period

20000.00

Transaction ID : PAYD2183

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jeff Taylor Graphics

Nature of Debt (Purpose):

Design of Logo, Letterhead and Envelopes

Mailing Address 2633 Lincoln Blvd., Suite 837

City

Santa Monica

State

CA

Zip Code

90405

Outstanding Balance Beginning This Period

2075.00

Transaction ID : PAYD2201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2075.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

John Cowan Law

Nature of Debt (Purpose):

Legal Services

Mailing Address 100 Pine Street, Suite 1250

City

San Francisco

State

CA

Zip Code

94111

Outstanding Balance Beginning This Period

15550.15

Transaction ID : PAYD1976

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15550.15

1) **SUBTOTALS** This Period This Page (optional)..... ►

37625.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 189 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Propel Management Group, Inc.

Nature of Debt (Purpose):

Consulting Services for Call Center

Mailing Address 3625 W. Macarthur Blvd., #302.

City

Santa Ana

State

CA

Zip Code

92704

Outstanding Balance Beginning This Period

726.78

Transaction ID : PAYD2239

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Propel Management Group, Inc.

Nature of Debt (Purpose):

Professional Services

Mailing Address 3625 W. Macarthur Blvd., #302.

City

Santa Ana

State

CA

Zip Code

92704

Outstanding Balance Beginning This Period

129.55

Transaction ID : PAYD3507

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

129.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Spaziano, Joe, , ,

Nature of Debt (Purpose):

Computer Services

Mailing Address 1928 E. Van Owen Avenue, Apt. A

City

Orange

State

CA

Zip Code

92867

Outstanding Balance Beginning This Period

80.96

Transaction ID : PAYD3516

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

80.96

1) **SUBTOTALS** This Period This Page (optional)..... ►

937.29

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 190 OF 190

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

State of California-Franchise Tax Board

Nature of Debt (Purpose):

Penalty Fee

Mailing Address P.O. Box 942857

City

Sacramento

State

CA

Zip Code

94257

Outstanding Balance Beginning This Period

250.00

Transaction ID : PAYD3963

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Womble Carlyle Sandridge &amp; Rice, LLP

Nature of Debt (Purpose):

Legal Services

Mailing Address 1200 19th Street NW, Suite 500

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

12264.92

Transaction ID : PAYD2208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12264.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Womble Carlyle Sandridge &amp; Rice, LLP

Nature of Debt (Purpose):

Legal Services

Mailing Address 1200 19th Street NW, Suite 500

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

436.00

Transaction ID : PAYD2722

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12950.92

2) **TOTALS** This Period (last page this line number only)..... ►

158388.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

280278.21

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

438666.62